ROBERT S. YOUNG II M.D., P.C.
ORTHOPEDIC SURGERY
1925 EAST ORMAN AVENUE SUITE 328
PUEBLO, COLORADO 81004

(719) 561-0703

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Frederick W. Newall
Attorney at Law
The Barrister Building
323 S. Nevada Avenue
Colorado Springs, CO 80903

Re: Conrad John Husman

Dear Mr. Newall:

Mr. John Husman's chart was reviewed in respect to his complaints of his prolonged back pain.

He was first seen by me in December, 1978 with complaints of low back pain and a history of injuries to the low back while working at the Climax Molybdenum Mine. He has been seen by me on many occasions over the past five years. During this period of time his complaints have been mainly that of low back pain with some pain into his legs but normal neurological exams.

Because of the continued complaints, a lumbar myelogram was done on November 24, 1980 which showed a posterior bulge or displacement at the L5 level. He was also noted to have some narrowing of the L5, S1 disc space.

Mr. Husman's complaints of back pain have continued and have been present at the time of each office visit. Because they continued over a long period of time, a lumbar myelogram was repeated on June 23, 1983 and showed a "significant posterior disc protrusion. L5, S1 has extended both superiorly and inferiorly from the posterior margin of the disc space producing some attenuation of the S1 nerve root sheaths bilaterally."

The radiologist further states that the posterior displacement of the thecal sac, (sac within which the nerves and spinal cord are contained), has increased since the previous myelogram in November of 1980.

It is my feeling that Mr. Husman had an early disc problem which had not fully developed into a herniated disc in November of 1980 but was in the process of rupturing. This process will cause pain due to irritation of the annulus fibrosis around the disc but may not produce neurological signs.

On the myelogram of June 23, 1983, it is obvious that he has a frankly ruptured disc. His pain has gradually increased over this period of time that I have been seeing him. I do not feel that he is able to do any type of work at this time because of his back problem. He has pain while sitting or standing. Bending, lifting and walking also cause pain. The position of most comfort is lying down.

Mr. Husman also has pain in this right knee which has been present since a cartilage injury some years ago. He had a medial meniscectomy done in Denver in 1973. X-rays show narrowing of the medial joint space with degenerative arthritic changes.

He also has sub-patellar crepitus, (grinding). His knee is more painful with prolonged walking as well as squatting or trying to climb ladders or stairs.

Again, I do not feel that he is going to do any type of useful work because of the combination of his knee and back pain.

Sincerely,

Robert S. Young II, M.D.

RSY:bg